

Finance Envelope

If you are going to write on the Envelope - use a Black Sharpie Pen - Be legible

CONTRACTOR: *Thurston # 25* 2105

EMERGENCY EQUIPMENT RENTAL-USE ENVELOPE

| | | |
|---|------------|---------------|
| CONTRACTOR <i>Thurston # 25</i> | | |
| RESOURCE ORDER NO. <i>2105</i> | ORDERED BY | |
| ARRIVED AT MOBILIZATION POINT DATE | TIME | LOCATION |
| OPERATOR(S) <i>John Smith Billy Oates</i> | | |
| EQUIPMENT TYPE <i>6 - Engine Diesel</i> | SIZE | NUMBER |
| DATE RELEASED | | TIME RELEASED |

FORMS:

- ___ OF-294 EMERGENCY EQUIPMENT RENTAL AGREEMENT
- ___ OF-296 VEHICLE/HEAVY EQUIPMENT INSPECTION CHECKLIST (**PREUSE**)
- ___ OF-297 EMERGENCY EQUIPMENT SHIFT TICKET(S)
- ___ OF-286 EMERGENCY EQUIPMENT-USE INVOICE
- ___ OF-288 EMERGENCY FIREFIGHTER TIME REPORT (IF APPLICABLE).
- ___ COMMISSARY ISSUES (IF APPLICABLE).
- ___ OF-304 EMERGENCY EQUIPMENT FUEL AND OIL ISSUE (IF APPLICABLE).
- ___ OF-296 VEHICLE/HEAVY EQUIPMENT INSPECTION CHECKLIST (**RELEASE**)
- ___ ALL GOVERNMENT-ISSUED SAFETY EQUIPMENT RETURNED
(APPLIES TO DOZER OPERATORS AND SWAMPERS ONLY).

ADMINISTRATIVE FOLLOWUP NEEDED: YES NO

REMARKS

CONTINUE ON REVERSE IF NECESSARY

NOTICE TO CONTRACTOR

REPORT TO: _____
INCIDENT: _____

BEFORE LEAVING AN INCIDENT, FINAL INSPECTION AND EQUIPMENT-USE INVOICE MUST BE COMPLETED. YOU ARE NOT CONSIDERED RELEASED AND WILL NOT BE PAID UNTIL ALL INVOICE DOCUMENTS ARE COMPLETED AND SIGNED. CHECK WITH FINANCE SECTION CHIEF.

ALL FORMS ARE INCLUDED IN THIS ENVELOPE. ALL SIGNATURES HAVE BEEN OBTAINED AND THE ENCLOSED INVOICE IS COMPLETE AND READY FOR PAYMENT. ALL FUEL, OIL, PARTS AND COMMISSARY ISSUES HAVE BEEN POSTED.

EQUIPMENT TIME RECORDER

DATE

FINANCE SECTION CHIEF OR

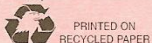
DATE

How a Time Card Should Be Completed Upon Arriving At A Mobilization Incident

OPTIONAL FORM 288 (Rev. 3/83)
USDA/USDI
50288-102

How a Time Card Should Be Completed Upon Arriving At A Mobilization Incident


OPTIONAL FORM 288 (Rev. 3/83)
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ORIGINAL - PAYROLL COPY


How a Use Invoice Should Be Completed Upon Arriving At A Mobilization Incident

PAGE ____ OF ____

NSN 7540-01-120-4062 50286-102  **FINANCE** OPTIONAL FORM 286 (REV. 1-00) USDA/USDI

How a Use Invoice Should Be Completed Upon Arriving At A Mobilization Incident

PAGE ____ OF ____

NSN 7540-01-120-4062 50286-102  **FINANCE** OPTIONAL FORM 286 (REV. 1-00) USDA/USDI

Mileage will be done on the OF-286 Emergency Equipment - Use Invoice:

Billing should be done on the Vehicle Mileage Invoice Form:

**WASHINGTON
FIRE SERVICES RESOURCE
MOBILIZATION PLAN
2009 VERSION**

Vehicle Mileage

Invoice Form

2009 Version - Mobilization Plan

| Agency/Person to be Reimbursed: | | | |
|---------------------------------|---------------------------|-------------------|----------------------------|
| Name: | <i>John Smith</i> | Event: | <i>Rock Candy Mnt Fire</i> |
| Address: | <i>1313 Smith Lane SE</i> | Resource Order #: | <i>2005</i> |
| City: | <i>Olympia</i> | Federal Tax ID #: | <i>123-45-4444</i> |
| State: | <i>WA</i> | Zip: | <i>98504</i> |
| Phone #: | <i>360-596-3924</i> | Contact Person: | |

Mileage Rate: \$ **.55**

Daily Rate: \$ **-**

| Date | Type of Vehicle | Miles | Mileage Rate | Sub-Total | Daily Rate | Mileage or Daily Rate | Total (Using Mileage or |
|--------|-----------------|-----------|--------------|-----------|------------|-----------------------|-------------------------|
| 7/3/08 | Transport Only | 25 | \$.55 | \$ 13.75 | \$ - | \$ 13.75 | \$ 13.75 |
| 7/5/08 | Transport Only | 25 | \$.55 | \$ 13.75 | \$ - | \$ 13.75 | \$ 13.75 |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |
| Totals | | 50 | | | | | \$ 27.50 |

Vehicle Types

C=Command Vehicle; S=Support; P=Personal; M=Mobile Command Post

(See back for definitions)

Documentation Requirements

With each claim we need a copy of the Equipment Shift Tickets showing the miles operated each day. If we are reimbursing an individual and not a government agency, a W-9 IRS Tax form is needed for every incident.

Return the completed form within 45 days of the event.

Mobilization Section
PO Box 4200
Olympia WA 98504
Or E-mail: to FPBMobe@wsp.wa.gov
Fax: (360) 596-3935

Crew Time Reports

Crew Time Report Showing Travel Only

[illegible]

Crew Time Report Showing Travel and Initial Assignment

[illegible]

Emergency Equipment Shift Ticket

Showing Initial Response To A Mobilization Incident

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | Resource Order # 2117 | |
|--|--|--|------------------------------------|---|--|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. | | | | | |
| 1. AGREEMENT NUMBER | | | 2. CONTRACTOR (name) | | |
| | | | Tharston # 25 | | |
| 3. INCIDENT OR PROJECT NAME | | 4. INCIDENT NUMBER | | 5. OPERATOR (name) | |
| Rock Candy Mxt Fire | | WA-WFS-999 | | Robert Whitehall | |
| 6. EQUIPMENT MAKE | | 7. EQUIPMENT MODEL | | 8. OPERATOR FURNISHED BY | |
| Ford | | F450 | | <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | |
| 9. SERIAL NUMBER | | 10. LICENSE NUMBER | | 11. OPERATING SUPPLIES FURNISHED BY | |
| B-251 | | 55555C | | <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) | |
| 12. DATE MO/DAY/YR | | 13. EQUIPMENT USE | | | |
| 7/2/08 | | HOURS/DAYS/MILES (circle one) WORK SPECIAL | | | |
| START | | STOP | | 14. REMARKS (released, down time and cause, problems, etc.) | |
| 13:00 | | 19:00 | | Type 6 Engine Equipment Type Starting Mileage from Home: 10,100 Ending Mileage arriving Incident: 10,250 | |
| Hours Operated | | 15. EQUIPMENT STATUS | | | |
| | | <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | | | |
| | | 16. INVOICE POSTED BY (Recorder's initials) | | | |
| | | Gasoline Fuel Type of Fuel - Needed for Fuel Cost Adjustment if Applicable. | | | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE | | | 18. GOVERNMENT OFFICER'S SIGNATURE | | |
| Robert Whitehall | | | | | |

NSN 7540-01-119-5628 50297-102

OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI

FINANCE

Indicate Type of Engine, Tender or Command Vehicle.

On the initial travel day keep track of both the hours worked and miles driven.

Return travel is based on teh number of miles from the incident to home, divided by 45 mph.

Equipment is paid by the hours of use, not mileage.

Example Showing Travel and Working on Same Emergency Equipment Shift Ticket

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | Resource Order # 2117 | |
|--|--|--|------------------------------------|--|--|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. | | | | | |
| 1. AGREEMENT NUMBER | | | 2. CONTRACTOR (name) | | |
| | | | Tharston # 25 | | |
| 3. INCIDENT OR PROJECT NAME | | 4. INCIDENT NUMBER | | 5. OPERATOR (name) | |
| Rock Candy Mxt Fire | | WA-WFS-999 | | Robert Whitehall | |
| 6. EQUIPMENT MAKE | | 7. EQUIPMENT MODEL | | 8. OPERATOR FURNISHED BY | |
| Ford | | F450 | | <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | |
| 9. SERIAL NUMBER | | 10. LICENSE NUMBER | | 11. OPERATING SUPPLIES FURNISHED BY | |
| B-251 | | 55555C | | <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) | |
| 12. DATE MO/DAY/YR | | 13. EQUIPMENT USE | | | |
| 7/2/08 | | HOURS/DAYS/MILES (circle one) WORK SPECIAL | | | |
| START | | STOP | | 14. REMARKS (released, down time and cause, problems, etc.) | |
| 13:00 | | 19:00 | | Type 6 Engine Equipment Type Mileage from Home to incident 150 miles. | |
| Hours Operated | | 15. EQUIPMENT STATUS | | | |
| | | <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | | | |
| | | 16. INVOICE POSTED BY (Recorder's initials) | | | |
| | | Diesel Fuel Type of Fuel - Needed for Fuel Cost Adjustment if Applicable. | | | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE | | | 18. GOVERNMENT OFFICER'S SIGNATURE | | |
| Robert Whitehall | | | | | |

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OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI

FINANCE

Indicate Type of Engine or Tender.

On the initial travel day keep track of both the hours worked and miles driven.

Return travel is based on teh number of miles from the incident to home, divided by 45 mph.

Equipment is paid by the hours of use, not mileage.

Emergency Equipment Shift Ticket

Command Vehicle - Department Owned

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | Resource Order # 2119 | |
|--|--|---|---|--|------------------------------|--|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. | | | | | | |
| 1. AGREEMENT NUMBER | | | | 2. CONTRACTOR (name) | | |
| 3. INCIDENT OR PROJECT NAME Rock Candy Mnt Fire | | | | 5. OPERATOR (name) Thurston # 25 Billy Oates | | |
| 6. EQUIPMENT MAKE Ford | | 7. EQUIPMENT MODEL Expedition | | 8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | |
| 9. SERIAL NUMBER C-3 | | 10. LICENSE NUMBER 85588C | | 11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) | | |
| 12. DATE MO/DAY/YR | 13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) | | 14. REMARKS (released, down time and cause, problems, etc.) | | | |
| | START | STOP | WORK | SPECIAL | | |
| 7/2/08 | 2150 | 2350 | 200 | Travel | | |
| 7/3/08 | 2350 | 2550 | 200 | Division "C" | | |
| 7/4/08 | 2550 | 2575 | 25 | Division "D" | | |
| Mileage Only | | | | 15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | | |
| | | | | 16. INVOICE POSTED BY (Recorder's initials) Type of Fuel - Needed for Fuel Cost Adjustment if Applicable Diesel Fuel | | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Billy Oates | | | | 18. GOVERNMENT OFFICER'S SIGNATURE | | |

NSN 7540-01-119-5628 50297-102
OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI

FINANCE

Indicate Position at Incident with Command Vehicle.

Keep track of the miles driven each day. Command Vehicles are reimbursed for milage or the daily guarantee of \$50.00, whichever is highest.

Return travel is based on the number of miles from the incident to home.

Command Vehicle - Personal Vehicle

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | Resource Order # 2135 | |
|--|--|-------------------------------------|---|--|------------------------------|-----------------|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. | | | | | | |
| 1. AGREEMENT NUMBER | | | | 2. CONTRACTOR (name) | | |
| 3. INCIDENT OR PROJECT NAME Rock Candy Mnt Fire | | | | 5. OPERATOR (name) Thurston # 27 Martha White | | |
| 6. EQUIPMENT MAKE Ford | | 7. EQUIPMENT MODEL Escort | | 8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | |
| 9. SERIAL NUMBER | | 10. LICENSE NUMBER 2LL234 | | 11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) | | |
| 12. DATE MO/DAY/YR | 13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) | | 14. REMARKS (released, down time and cause, problems, etc.) | | | |
| | START | STOP | WORK | SPECIAL | | |
| 7/2/08 | 23100 | 23175 | 75 | Travel | | |
| 7/7/08 | 23200 | 23275 | 75 | Travel | | |
| Mileage Only | | | | 15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | | |
| | | | | 16. INVOICE POSTED BY (Recorder's initials) | | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Martha White | | | | 18. GOVERNMENT OFFICER'S SIGNATURE | | 19. DATE SIGNED |

NSN 7540-01-119-5628 50297-102
OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI

FINANCE

Personal Vehicles

On the initial travel day keep track of both the hours worked and miles driven.

Return travel is based on the initial trip miles.

Personal vehicles used for non-Command Staff positions are paid mileage to and from the incident only.

Emergency Equipment Fuel and Oil Issue

Command Vehicle

| EMERGENCY EQUIPMENT FUEL AND OIL ISSUE | | | | | | SEE COVER FOR INSTRUCTIONS. | |
|---|--|---|--|---|-----------------------------|-----------------------------|--|
| INCIDENT OR PROJECT NAME <i>Rock Candy Mnt Fire</i> | | | OWNER OF EQUIPMENT: <input type="checkbox"/> Contractor <input type="checkbox"/> Government Name <i>Thurston # 25</i> Agency That Will Be Paid | | | | |
| AGREEMENT NUMBER 2119 Resource Order # | | TYPE OF EQUIPMENT <i>Command Vehicle</i> | | LICENSE OR IDENTIFICATION NUMBER <i>85588C</i> | | | |
| COMMODITY (circle appropriate items) REGULAR GAS UNLEADED GAS DIESEL OIL OTHER (specify) | | | QUANTITY <i>25</i> | UNIT <i>Gallons</i> | UNIT PRICE <i>\$2.75</i> | AMOUNT <i>\$68.75</i> | |
| DATE AND TIME ISSUED <i>7/3/08 15:30</i> | | REMARKS | | | | TOTAL <i>\$68.75</i> | |
| ISSUING AGENT'S SIGNATURE | | | PRINT NAME AND TITLE | | | | |
| RECEIVING AGENT'S SIGNATURE <i>Billy Oates</i> | | | PRINT NAME AND TITLE | | | | |
| POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY): INITIALS | | | | | | DATE | |

NSN 7540-01-317-7366
50304-101

OPTIONAL FORM 304 (7-90)
USDA/USDI

FINANCE ATTACH TO ISSUING AGENT'S OF -286

Unit Log

Resource Order #

2145

| | | | | |
|---|--|--|-----------------------------------|-------------|
| UNIT LOG | | 1. INCIDENT NAME <i>Rock Candy Mnt Fire</i> | 2. DATE PREPARED <i>7/2/08</i> | 3. PAGE NO. |
| 4. REGION/FIRE | | 5. SUPERVISOR'S NAME AND POSITION <i>Jim Blackwell - STEN</i> | | |
| ACTIVITY LOG | | | | |
| 6. TIME | MAJOR EVENTS | | | |
| <i>13:00</i> | <i>Type 6 Engine requested for the Rock Candy Mountain Fire. Resource # 2145</i> | | | |
| <i>19:00</i> | <i>Arrived at Basecamp. Checkin and get tent set up.</i> | | Brief description of work. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7. PREPARED BY: (Print Name and Position) <i>Robert Gerard - Engine Boss</i> | | 8. SIGNATURE <i>Robert Gerard</i> | | |

ORIGINAL—Fire File or Finance Section Chief; CANARY—Use as Needed; PINK—Personal Records